Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 1 OMB NO.: 0938-		
	STATE PLAN State:	under title xix of 1 SGUTH DAKOT	HE SOCIAL SECURITY ACT		
GROUI	PS COVERED AND	AGENCIES RESPONSIBLE	FOR ELIGIBILITY DETERMINATION		
Agency*	Citation(s)	G	roups Covered		
The follo	A. <u>M</u>	e covered under this andatory Coverage - (equired Special Grou	Categorically Needy and Other		
42 CF	R 435.110 1	. Recipients of AFDC			
IV-A		The approved State AFDC plan includes:			
		Families with mandatory 6-rextension of	n an unemployed parent for the month period and an optional months.		
		// Pregnant wome	en with no other eligible children.		
		in a secondar	n age 18 who are full-time students ry school or in the equivalent ational or technical training.		
		The standards for A Supplement 1 of ATT	AFDC payments are listed in PACHMENT 2.6-A.		
42 CFR 435.115 2. Deemed Recipients of AFDC					
IV-A			ed a title IV-A cash payment the amount would be less than \$10.		
		eligibility for cove			
TN No. Superseder	<u>1-19</u> Appro 7-2	oval Date 1/32/93	HCFA ID: 7983E		

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 2

OMB NO.: 0938-

State:

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I) of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A) of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and 1902(a)(10)(A) (i)(I) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

91-19 TN No. Approval Date 1/22/92 Effective Date _ \O\ Supersedes
TN No. 88-7 HCFA ID: 7983E TN No.

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 2a

OMB NO.: 0938-

State:

Citation(s) Agency*

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

 \Box Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52) and 1925 of the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

TN No. Approval Date Supersedes TN No. 88-7

Effective Date

HCFA ID: 7983E

entropy of the second

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD),

ATTACHMENT 2.2-A Page 3

State:

SOUTH DATE TA

OMB NO.: 0938-

Agency* Citation(s)

Groups Covered

IV-A 42 CFR 435.113

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from--
 - Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

TN No. 91-19 Approval Date 12292 Effective Date 10191
Supersedes
TN No. 88-7 HCFA ID: 7983E

AUGUST 1991

State: South Dakota

ATTACHMENT 2.2-A Page 3a OMB NO.: 0938-

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

. 1V-A 42 CFR 435.114

- 6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
 - Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
 - Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
 - Not applicable with respect to intermediate care facilities; State did or does not cover this service.
- 1902(a)(10) (A)(i)(III) and 1905(n) of the Act
- 7. Qualified Pregnant Women and Children.
 - a. A pregnant woman whose pregnancy has been medically verified who--
 - (1) Would be eligible for an AFDC cash payment (or who would be eligible if the State had an AFDC unemployed parents program) if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

TN No. 92-01 Approval Date Effective Date Supersedes HCFA ID: 7983E

TN No. 91-19

Revision: HCFA-PM-92-1 (MB) ATTACHMENT 2.2-A February 1992 Page 4 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Dakota

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents 7. a. if the State had an AFDC-unemployed parents program; or
 - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
 - b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
 - x Children born after June 30, 1976 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act

TN No. <u>95</u>-009 Supersedes

Approval Date 8/07/45 Effective Date 7-1-95

TN No. __94-007

Revision: HCFA-PM-92-1 FEBRUARY 1992 (MB)

ATTACHMENT 2.2-A Page 4a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

state: **SOUTH DAKOTA**

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

IV-A

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- 8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.
 - The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

IV-A 1902(a)(10)(A) (i)(VI) 1902(1)(1)(C) of the Act IV-A 1902(a)(10)(A)(i) (VII) and 1902(1) (1)(D) of the Act

TN No. <u>92-09</u> Supersedes TN No. 9/-/9 4 17 92 Effective Date 1-1-92

Approval Date __

Revision: HCFA-PM-92-1 FEBRUARY 1992

(MB)

ATTACHMENT 2.2-A Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	SOUTH	DAKOTA	
State:			

COVERAGE AND CONDITIONS OF ELIGIBILITY Citation(s) Groups Covered

> Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 1902(a)(10) (A)(i)(V) and 1905(m) of the Act

Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

IV-A

1902(e)(5) of the Act 11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

IV-A 1902(e)(6) of the Act

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

TN No. 4 17 92 Effective Date 1-1-92 Approval Date

Supersedes TN No.

Revision: HCFA-PM-92 -1

FEBRUARY 1992

(MB)

ATTACHMENT 2.2-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: SOUTH DAKOTA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 1902(e)(4) of the Act

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

SSI

42 CFR 435.120

- 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance
 - X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged
X Blind
X Disabled

TN No. 92-09
Supersedes
TN No. 91-19
Approval Date 4 1792 Effective Date 1-1-92

SHARES

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 6a

OMB NO.: 0938-

SOUTH DAKOTA State:

Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 435.121 13. // b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more 1619(b)(1) restrictive requirements for Medicaid in the of the Act month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.) Aged Blind Disabled The more restrictive categorical eligibility

> (Financial criteria are described in ATTACHMENT 2.6-A).

criteria are described below:

*Agency that determines eligibility for coverage.

TN No. 91-19	Approval Date	75197	Effective Date 10 191
Supersedes		7 '	
TN No. $87-7$			HCFA ID: 7983E